

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

Book 94
Page 582
Date of Application _____

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name First Middle Last
James O. Reynolds
Date of Birth Month Day Year
November 14, 1956
Place of Birth (State or foreign country)
Houshale Ky.
Residence Address Street or R.R. City County State
2102 E Oak St. New Albany, In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) _____

- Operator Lic
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
JAMES O. 14 JASON E. 13
6. (a) Full name of applicant's father Oscar O. Reynolds
(If adopted, list adoptive parents only) New York, Va
Residence of father (if deceased, so state) Ky.
Birthplace of father (State or foreign country) Ky.
(b) Full maiden name of applicant's mother Paula E. Laman
(If adopted, list adoptive parents only) 2
Residence of mother (if deceased, so state) Houshale, Ky
Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 1-31-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Floyd) ss: I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address _____
Subscribed and sworn to before me this 31 day of January, 19 94
Betty J. Hammond Clerk of the Floyd Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Floyd) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk

FEMALE APPLICANT

Name First Middle Last
Lori E. Stempniewski
Date of Birth Month Day Year
April 1, 1956
Place of Birth (State or foreign country)
Wisconsin
Residence Address Street or R.R. City County State
2102 E Oak St. New Albany, In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) _____

- Operator Lic
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Ronald H. Pato
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Wisconsin
Birthplace of father (State or foreign country) Wisconsin
(b) Full maiden name of applicant's mother Jean Leonard
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Wisconsin

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 1-31-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Floyd) ss: I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address _____
Subscribed and sworn to before me this 31 day of January, 19 94
Betty J. Hammond Clerk of the Floyd Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Floyd) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated 1/31/94, authorizing the marriage of JAMES O. REYNOLDS and LORI E. STEMPNIEWSKI.
I further certify that the following marriage certificate was filed in my office: I, J. FRANKLIN DENNIS (name), certify that on 3/12/94 (date), at NEW ALBANY in FLOYD County, Indiana, JAMES O. REYNOLDS of FLOYD County, INDIANA (state), and LORI E. STEMPNIEWSKI of FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated 3/12/94. Signed by: J. FRANKLIN DENNIS, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 3/15/94 (date).

Signed BETTY J. HAMMOND Clerk
Floyd Circuit Court